



Request for Consent to Assignment of Provider Contracts

Date:

SELLER/ASSIGNOR	PURCHASER/ASSIGNEE
Former Tax ID:	New Tax ID:
Legal Name of Seller/Assignee:	Legal Name of Purchaser/Assignee:
Name of Entity:	Name of Entity after Transfer:
NPI Number:	New Operating NPI Number:
License Number:	New License Number:
Contact Name:	Contact Name:
E-mail Address:	E-mail Address:
Telephone Number:	Telephone Number:
Seller's Mailing Address:	New Administrative/Payer Address:
Seller Currently Enrolled in EFT? Yes <input type="checkbox"/> No <input type="checkbox"/>	Purchaser Mailing Address (if different than Payee address)

1. Effective Date of Ownership Change: _____

2. Has Neighborhood's consent of assignment of provider contracts for this change of ownership been previously requested?
 Yes No If yes, attach notification document(s) with this questionnaire.

3. Type of Sale:
 - A. **Stock Sale:** This is a sale of stock of a corporation that owns a facility.
 - Did this sale include sale of stock? Yes No
 - If so, what percentage of stock was sold? _____ %



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Asset Purchase Sale: This is a sale in which the assets (i.e., real estate, equipment, contracts) of the Facility are being sold (or assigned) by the current owner (“Seller”) to a new owner (“Purchaser”).

- Is the transfer pursuant to an Assets Purchase Sale? Yes No
- Are the provider contracts intended to be transferred to Purchaser pursuant to an asset purchase agreement? Yes No

B. Intergovernmental Transfer (IGT) Upper Payment Limit (UPL) Lease Arrangement: Yes No
Allows facility owner to retain facility management, negotiation and signatory authority.

C. Other Type of Sale / Transfer (please explain):

1. Unless otherwise excluded below, all active Neighborhood provider contracts will be considered a part of this request for consent to assignment of provider contracts. Please indicate which Neighborhood provider contract(s) (by name and effective date) if any, are **NOT** parts of the ownership/transfer change?

Note: The indicated Agreements will be terminated immediately upon approval of this request by Neighborhood.

Neighborhood Contracts Excluded from Transfer, Include Name and Effective Date:

2. Are rates and terms & conditions of Neighborhood Provider contract(s) with Seller acceptable to Purchaser?
Yes No
4. Does the Seller intend to retain any liabilities? Yes No If yes, please provide details:
5. Are there any known claims or disputes (e.g., overpayment/underpayment to seller) between Neighborhood and Seller? Yes No If yes, please provide details and status of dispute:



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By completing and executing this Consent to Assignment of Provider Contracts, Seller/Assignor and Purchaser/Assignee are certifying the accuracy of the information contained herein and are requesting the consent of Neighborhood to the assignment of the Provider Contracts to Purchaser/Assignee.

Seller/Assignee	Purchaser/Assignee
	Purchaser/Assignee expressly agrees to assume the obligations of Seller/Assignor and the terms and conditions of the Provider Contracts
Signature:	Signature:
Printed Name:	Printed Name:
Title:	Title:
Date:	Date: